

INTERN SUPERVISOR
QUARTERLY REPORT

PARTICIPANT:

OFFICE:

FIELD/PROGRAM

OFFICE:

OFFICE SUPERVISOR:

(Home, Detail, Rotational)

COMMENTS BY PARTICIPANT: (Address the adequacy of time spent, inclusive dates, and whether objectives were met. Identify strengths and weaknesses of detail, developmental activity, or assignment. Make recommendations for improvement.)

SIGNATURE OF PARTICIPANT:

DATE:

COMMENTS BY FIELD PROGRAM OFFICE SUPERVISOR: (Address adequacy regarding the length of assignment and make recommendations for improvement of assignment and developmental objectives of the participant. Identify strengths and weaknesses of the participant and how well objectives were met.)

SIGNATURE OF FIELD/PROGRAM
OFFICE SUPERVISOR:

DATE:

SIGNATURE OF DETAILED
ROTATIONAL SUPERVISOR:

DATE:

CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office

PARTICIPANT:	MENTOR:
REPORT PERIOD COVERED:	
ORGANIZATION:	DATE SUBMITTED:

1. Describe the major significant Career Intern Program activities (e.g., courses attended, developmental assignments, special projects undertaken, etc.) that you accomplished during the past 3 months (also, please briefly evaluate the effectiveness of each activity).
2. List any leadership development self-study activities completed (e.g., books read, audio tapes used, etc.).
3. Did you achieve the objectives for this reporting period that were initially described in your individual development plan? Explain any modifications to or deviations from that plan.

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4. List any leadership skills or major knowledge that you developed as a result of the Career Intern Program activities during this reporting period.
5. What specific leadership skills and organizational knowledge (not already addressed in your Individual Development Plan) do you think need additional emphasis?
6. Describe any problems (and the causes) that you encountered while trying to accomplish your planned Career Intern Program activities.
7. Other comments.

SIGNATURE OF PARTICIPANT:

DATE:

CC: Mentor
 CIP Program Administrator
 CIP Program Coordinator
 Field/Program Office
 Supervisor

PART 2

MENTOR COMMENTS

1. Observations about the participant's program progress and skill development in relation to the Individual Development Plan.
2. Suggestions for additional activities to add to the Individual Development Plan that would benefit the participant or the skills that may require additional development.
3. Other comments.

SIGNATURE OF MENTOR:

DATE:

CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office
Supervisor

1. Observations about the participant's program progress and skill development against Individual Development Plan.
2. Suggestions for additional activities to add to the Individual Development Plan that would benefit the participant or the skills that may require additional development.
3. Other comments.

DATE:

CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office
Supervisor

AGREEMENT
PARTICIPANT AGREEMENT AND RESPONSIBILITIES

I hereby agree to participate for a period of 24 months in the Career Intern Program (CIP) and I am willing to:

1. Accept and satisfactorily complete On-the-Job (OJT) and formal/informal training assignments;
2. Maintain a high level of work performance in rotational and host assignments;
3. Maintain academic standards for approved coursework, as appropriate;
4. Prepare participant course and program evaluations as requested;
5. Agree to work with my mentor to ensure I reach my desired career development;
6. Prepare evaluations for my mentor, supervisor(s), and program as requested.

I understand that I may be released from the CIP at any time if I do not take full advantage of the required training, do not apply myself adequately, or fail to perform in a fully successful manner.

SIGNATURE OF PARTICIPANT: DATE:

CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office
Supervisor

AGREEMENT MENTOR AGREEMENT AND RESPONSIBILITIES

I hereby agree to participate for a period of 24 months as a mentor to _____ while he/she participates in the Career Intern Program (CIP). I am willing to:

1. Devote a reasonable amount of time to help in the career development of the above intern;
2. Help the participant create their Individual Development Plan and update it with each rotation;
3. Recommend quality-training classes, rotations, shadowing, or temporary assignments;
4. Consider and act upon what is best for the participant's career development;
5. Prepare 360-degree evaluations of the participant and the CIP as requested;
6. Prepare letters of recommendation, as requested;
7. Attend mentor related training, as requested;
8. Communicate with Field/Detail Supervisor on a regular basis;
9. Provide a debriefing of the participant's performance at the conclusion of each rotational assignment.

I understand that I may be released from this agreement if the participant or I decide this is not a productive arrangement. In this event, a confidential "Lessons Learned" evaluation will be prepared by the terminating party for submission to the CIP Program Administrator.

SIGNATURE OF MENTOR:

DATE:

CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office
Supervisor

AGREEMENT FIELD/PROGRAM OFFICE SUPERVISOR AGREEMENT AND RESPONSIBILITIES

I hereby agree to participate for a period of 24 months as a supervisor to _____ while he/she participates in the Career Intern Program (CIP). I am willing to:

1. Assign quality work/responsibility to the participant;
2. Recommend and facilitate rotations that will help the participant develop in areas productive to the participant and field/program office;
3. Allow the participant to rotate to different areas within the DOE complex (including area offices);
4. Approve the training listed in the participant's Individual Development Plan whenever practical;
5. Assign On-the-Job and formal/informal training;
6. Review quarterly reports;
7. Prepare letters of recommendation as requested;
8. Communicate on a regular basis;
9. Coach and council the participant at the conclusion of each rotational assignment.

I understand that I have a responsibility to provide an atmosphere that is conducive to open and honest communication.

SIGNATURE OF FIELD/PROGRAM
OFFICE SUPERVISOR:

DATE:

CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office
Supervisor

**AGREEMENT
DETAIL/ROTATIONAL SUPERVISOR
AGREEMENT AND RESPONSIBILITIES**

I hereby agree to participate for a period of _____ months as a supervisor to _____ while he/she participates in the Career Intern Program (CIP).

I am willing to:

1. Assign quality work/responsibility to the participant;
2. Recommend and facilitate rotations that will help the participant develop in areas productive to the participant and field/program office;
3. Recommend training and assignment plans whenever practical;
4. Allow time for On-the-Job and formal/informal training;
5. Review quarterly reports;
6. Prepare letters of recommendation as requested;
7. Communicate on a regular basis with the participant, field/program office supervisor, and mentor;
8. Coach and counsel the participant throughout the rotational assignment.

I understand that I have a responsibility to provide an atmosphere that is conducive to open and honest communication.

SIGNATURE OF DETAIL/
ROTATIONAL SUPERVISOR:

DATE:

CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office
Supervisor

MOBILITY AGREEMENT

I understand that mobility is a requirement for participation in the Department of Energy Career Intern Program (CIP). Therefore, I agree to move to a location within the _____ (name of program/field office) complex at the end of my developmental/training period. In addition, during this training period, I agree to participate in a developmental assignment, which may take place outside of my commuting area and may last 30 days or more. I understand that failure to abide by this Mobility Agreement may result in an action to terminate my employment with the Department of Energy.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

- CC: Mentor
CIP Program Administrator
CIP Program Coordinator
Field/Program Office
Supervisor

DEVELOPMENTAL ASSIGNMENT CONTRACT INFORMATION

1. Participation information:

Name
Organization
Address
Telephone number
2. Assignment position and location:

Agency
Address
E-mail address and telephone number
Host supervisor
3. Assignment period:

Beginning date
Ending date
Vacation period
Training period
4. Overview of the host organization: (include the organization's primary mission and tasks)
5. Overview of program assignment duties:
6. Assignment objectives:

- 7. Describe how the assignment will expose the participant to technical and business experiences that will further address the competency areas identified in the IDP.

- 8. Flexibility clause: If the evaluation of the participant’s progress dictates change, the assignment objectives may be modified. If the assignment plan does not provide facilities and the opportunity to achieve the participant’s objectives, the developmental assignment may be terminated with mutual consent.

Approval signatures:

PARTICIPANT:	DATE:
PERMANENT SUPERVISOR:	DATE:
HOST ASSIGNMENT SUPERVISOR:	DATE:
FIELD/PROGRAM OFFICE CIP COORDINATOR:	DATE:

NOTE:

- 1. Return a copy of each approved developmental assignment contract to the CIP Coordinator prior to beginning each assignment.

- 2. Vacation and training periods are not considered part of the rotational assignment.

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CERTIFICATION OF DEVELOPMENTAL ASSIGNMENT

(To be completed by the host supervisor upon completion of the assignment)

NAME OF THE PARTICIPANT:

ASSIGNMENT (AGENCY/COMPONENT/CITY):

START DATE:

COMPLETION DATE:

Provide a brief evaluation of the experiences and insights the participant gained from this developmental assignment.

Describe the assignment's benefits: 1) What can the participant do differently; and 2) How did this assignment change the technical and/or business behaviors of the participant.

What recommendations, if any, would you make for future CIP participants seeking developmental assignments?

Other comments:

SIGNATURE OF THE
HOST SUPERVISOR:

DATE:

Upon completion of each assignment, return a copy of this certification to the CIP Coordinator.